MAXIMUS Federal Services

Case Number:	CM14-0163620		
Date Assigned:	10/08/2014	Date of Injury:	03/18/2009
Decision Date:	05/01/2015	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/06/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Ohio, North Carolina, Virginia
Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 48-year-old female who sustained an industrial injury on 03/18/09. Initial complaints and diagnoses are not available. Treatments to date include medications and back surgeries. Diagnostic studies include a MRI of the lumbar spine. Current complaints include chronic back pain and acute left foot pain. In a progress note dated 09/18/14 the treating provider reports the plan of care as a MRI of the lumbar spine, laboratory blood studies, pain medications, and an AME the following week. The requested treatment is an x-ray of the left foot, MRI of the lumbar spine, and blood laboratory studies.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

X-ray of left foot: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 378.

Decision rationale: The CA MTUS states that x-rays of the ankle/foot should be obtained after an acute injury if red flags are present but there is no specification of what those red flags are as they pertain to the foot. In this instance, the injured worker had pain and swelling in the left foot after a fall. The physical exam revealed swelling of the foot and diminished range of motion. Therefore, an x-ray of the left foot is medically necessary.

MRI of the lumbar spine without contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- Low Back regarding MRIs (Magnetic Resonance Imaging).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines. Low back chapter. MRI section.

Decision rationale: MRI's are test of choice for patients with prior back surgery, but for uncomplicated low back pain, with radiculopathy, not recommended until after at least one month conservative therapy, sooner if severe or progressive neurologic deficit. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neuro compression, recurrent disc herniation). In this instance, the injured worker's most recent lumbar surgery was 1- 1-2013. Post-operatively, it appears, she had ongoing low back pain with subjective and objective radiculopathy to the left leg. The treating physician had requested lumbar epidural steroid injections on the basis of a recent MRI and electro diagnostic tests and stated that he had reviewed the most recent MRI. That MRI showed an osteophyte complex and nerve impingement consistent with the physical findings. There is no evidence that the injured worker has worsened since her surgery. Therefore, a repeat MRI of the lumbar spine is not medically necessary.

CMP, BUN, Creatinine, Liver function test: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines. Pain chapter. Acetaminophen section.

Decision rationale: Adverse effects: Hepatotoxicity: Acetaminophen overdose is a well-known cause of acute liver failure. Hepatotoxicity from therapeutic doses is unusual. (Hunt, 2007) A warning is given on all acetaminophen products that patients that consume 3 alcoholic drinks a day should discuss use with their physician, although a systematic review of acetaminophen use in alcoholic subjects concluded that there was little credible evidence to implicate therapeutic doses as a cause of fulminant hepatotoxicity in alcoholics. (Dart, 2007) Recent RCTs found that short-term treatment (3-5 days) of acetaminophen in newly abstinent alcoholic patients did not

cause hepatic injury. (Kuffner, 2007) (Bartels, 2008) Acetaminophen, when used at recommended maximum doses, may induce ALT elevations >3 x ULN in up to nearly 40% of subjects. Renal toxicity: Renal insufficiency occurs in 1 to 2% of patients with overdose. (Mazer, 2008) Hypertension and cardiovascular risk: Cohort analysis reveals that acetaminophen use is associated with hypertension but evidence from randomized controlled trials is limited. This risk is similar to that found for NSAIDs. (Forman, 2007) (Montgomery, 2008) An increased cardiovascular risk was found in the Nurse's Health Study. (Chan, 2006) (Laine, 2007) (Laine, 2008) Acetaminophen may have more risks than originally thought, particularly when it is taken at the higher end of standard therapeutic doses. In this instance, the injured worker had been taking as many as 13 Norco (hydrocodone/acetaminophen) a day. This translates to a dose of up to 4225 mg per day of acetaminophen which exceeds the recommended maximum daily dose of 4000 mg a day. Because of the known liver and renal toxicity associated with overdose and chronic therapy at with high dose acetaminophen, a CMP inclusive of a BUN, Creatinine, and liver function testing is medically necessary.